FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J45160** **(5)**

1. Corporation Name

WILHELM ASSOCIATES, INC.

Principal Place of Business

111 EAST LAKEVIEW STREET
P.O. BOX 390
UMATILLA FL 32784

Mailing Address

111 EAST LAKEVIEW STREET
P.O. BOX 390
UMATILLA FL 32784

3. Date Incorporated or Qualified: **12/02/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2744245** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business
21 Street, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILHELM, CONSTANCE
111 EAST LAKEVIEW STREET
UMATILLA FL 32784

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of a New Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WILHELM, CONSTANCE	
STREET ADDRESS	111 EAST LAKEVIEW STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VT	☐ DELETE
NAME	WILHELM, EDWARD	
STREET ADDRESS	111 EAST LAKEVIEW STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	S	☐ DELETE
NAME	WILHELM, RICHARD D.	
STREET ADDRESS	111 EAST LAKEVIEW STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	☐ DELETE
NAME	WILHELM, WILLIAM C.	
STREET ADDRESS	402 GORNTO RD.	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	V	☐ DELETE
NAME	ZEBRO, SHARON	
STREET ADDRESS	940 LARCHMONT CRESCENT	
CITY-ST-ZIP	NORFOLK VA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Constance Wilhelm President — 1/16/96 — 904-669-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
CONSTANCE WILHELM

CR2E034 (12/95)